

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050275

FILED
Feb 18, 2005
Secretary of State

Entity Name: THERAPY SERVICES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

7000 SE FEDERAL HWY STE 310
STUART, FL 34997

New Principal Place of Business:

2061 SE CROWBERRY DRIVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

PO BOX 632
HOBE SOUND, FL 33475

New Mailing Address:

PO BOX 7910
PORT ST. LUCIE, FL 34985

FEI Number: 65-1101969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEETS, BARRY M ESQ
7000 SE FEDERAL HWY STE 310
STUART, FL 34997 US

Name and Address of New Registered Agent:

DEETS, BARRY M ESQ
2061 SE CROWBERRY DRIVE
PORT ST. LUCIE, FL 34983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY M DEETS

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: DEETS, BARRY M
Address: PO BOX 632
City-St-Zip: HOBE SOUND, FL 33475

Title: ST () Delete
Name: DEETS, BARRY M
Address: PO BOX 632
City-St-Zip: HOBE SOUND, FL 33475

Title: P () Delete
Name: DEETS, ROBIN M
Address: PO BOX 632
City-St-Zip: HOBE SOUND, FL 33475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

Title: ST (X) Change () Addition
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

Title: P (X) Change () Addition
Name: DEETS, ROBIN M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY M DEETS

D/T

02/18/2005

Electronic Signature of Signing Officer or Director

Date